

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012494

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

223

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Drs. Hospital		Length of stay in 1b 4 hours	d. STREET ADDRESS (If outside, give location) Rt. #1 Neelyville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JIMMY Middle RAY Last THARP			4. DATE OF DEATH Month April Day 13 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 10, 1950		9. AGE (In years last birthday) 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY grade school	11. BIRTHPLACE (City and state or country) Doniphan, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Roy Tharp		13b. MOTHER'S MAIDEN NAME Opal Brooks		14. NAME OF HUSBAND OR WIFE never married	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT James Roy Tharp Address Rt 1 Neelyville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema DUE TO (b) 3rd degree burns over entire DUE TO (c) body & face PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 16					INTERVAL BETWEEN ONSET AND DEATH 1 da 1 da
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Spilled gasoline on clothing caught fire			
20c. TIME OF INJURY Hour 5:00 Month 4 Day 13 Year 59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Rt. 1 Neelyville, Ripley Co., Mo.			
21. I attended the deceased from April 13, 1959 to April 13, 1959 and last saw him alive on April 13, 1959 Death occurred at 10:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. L. Meibert M.D.		22b. ADDRESS Poplar Bluff, Mo		22c. DATE SIGNED 4/24/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/17/1959		23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	
23d. LOCATION (City, town, or county) Ripley Co., Missouri		23e. DATE RECD. BY LOCAL REG. 5/2/59			
24. FUNERAL DIRECTOR Edwards-Parrent		25. REGISTRAR'S SIGNATURE R. M. Muehler			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4809P. O. Address Taylor, Or

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.